

**Indiana Emergency Medical Services Commission
EMT-B Practical Examination Report Form**

Please Print Clearly!

Course Number: _____

If applying for National Registry Certification, list the last four (4) of your Social Security Number here: _____

Name _____
Last Name First Name MI Driver's License or State I.D. #

Address _____
Street City State Zip Code

e-mail _____

Training Institution _____

Exam Site _____ Date _____

Attempt: _____ Attempt: _____

Station # 1	Patient Assessment / Management – Trauma	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 2	Patient Assessment / Management – Medical	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 3	Cardiac Arrest Management / AED	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 4	Non-Visualized Airway	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 5	Spinal Immobilization (Seated)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 6	Spinal Immobilization (Supine)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 7	Random Skill _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Candidates failing three (3) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations, constitutes a complete failure of the practical examination attempt. A complete failure of the practical examination attempt will require the candidate to document remedial training over all skills before reattempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examination attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process.

NOTE: You have one (1) year to successfully complete all phases of the certification examination process from your initial recertification testing attempt or EMT-B course completion date. If incomplete or unsuccessful, you must complete a new EMT-B training program to be eligible for future testing for certification. Official test results may take up to six (6) weeks.

By my signature below, I acknowledge that I have read, understand, and agree to the Indiana EMT-B Pass/Fail testing criteria listed above.

EMT-B Candidate: _____
(Legal Signature)

Representative Comments:

Representative Signature: _____

Indiana EMT-Basic Practical Skills Examination
Cardiac Arrest Management/AED

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Briefly questions the rescuer about arrest events	1	
Directs rescuer to stop CPR	1	
Verifies absences of spontaneous pulse (skill station examiner states "no pulse")	1	
Directs resumption of CPR	1	
Turns on defibrillator power	1	
Attaches automated defibrillator to the patient	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Initiates analysis of the rhythm	1	
Delivers shock	1	
Immediately directs resumption of CPR	1	
Verbalizes or directs insertion of a simple airway adjunct (oral / nasal airway)	1	
Ventilates or directs ventilation of the patient	1	
Assures high flow / concentration of oxygen is delivered to the patient	1	
Assures CPR continues without unnecessary / prolonged interruption	1	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
Re-evaluates patient / CPR	1	
Repeats defibrillator sequence	1	
Verbalizes transportation of patient	1	
Total:	20	

Critical Criteria

- _____ Did not provide high flow / concentration of oxygen
- _____ Did not confirm patient to be PULSELESS and APNEIC
- _____ Did not direct initiation / resumption of ventilation / compressions at appropriate times
- _____ Did not assure all individuals were clear of patient before delivering each shock
- _____ Did not operate the AED properly (inability to deliver shock). MUST NOT turn off AED
- _____ Did not correctly place pads on patient

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
SPINAL IMMOBILIZATION
(SEATED PATIENT)

Start Time: _____

Stop Time: _____ **Date:** _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI Precautions	1	
Directs assistant to place / maintain manual Immobilization of head in the neutral in-line position	1	
Assess motor, sensory, and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso (<i>All Straps</i>)	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates AND VERBALIZES need for padding, and pads as necessary	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Verbalizes moving the patient to a long board	1	
Total:	11	

Critical Criteria

- _____ Did not immediately direct, or take, or maintain manual immobilization of the head
- _____ Manual immobilization released before it was maintained mechanically
- _____ Patient manipulated, or moved excessively, causing potential spinal compromise
- _____ Upon completion of immobilization, device allows for excessive patient movement
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not assess motor, sensory and circulatory function in each extremity BOTH BEFORE AND AFTER immobilization to the short board device
- _____ Immobilized head to the board before securing the torso

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
SPINAL IMMOBILIZATION
(SUPINE PATIENT)

Start Time:_____

Stop Time:_____ **Date:**_____

Candidate's Name:_____

Evaluator's Name:_____

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI Precautions	1	
Directs assistant to place / maintain manual immobilization of head in the neutral in-line position	1	
Assesses motor, sensory and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Evaluates AND VERBALIZES need for padding, pads as necessary	1	
Immobilizes the patient's torso (chest AND hip straps) to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Total:	12	

Critical Criteria

- _____ Did not immediately direct, or take, manual immobilization of the head
- _____ Released, or ordered release of, manual immobilization before it was maintained mechanically
- _____ Patient manipulated, or moved excessively, causing potential spinal compromise
- _____ Upon completion of immobilization, device allows for excessive patient movement
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not assess motor, sensory and circulatory function in each extremity BOTH BEFORE AND AFTER immobilization to the device
- _____ Immobilized head to the board before securing the torso

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
IMMOBILIZATION SKILLS
(TRACTION SPLINTING)

Start Time: _____

Stop Time: _____ **Date:** _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
Directs application of manual stabilization of the injured leg	1	
Applies the distal securing device (e.g. ankle hitch)	1	
Directs application of manual traction ***See note below	1	
Prepares/adjusts splint to the proper length measuring with the UNINJURED leg	1	
Positions the splint appropriately to the injured leg	1	
Applies the proximal securing device (e.g. ischial strap)	1	
Applies mechanical traction	1	
Positions / secures the support straps	1	
Re-evaluates the proximal / distal securing devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Note: The examiner must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes correctly securing patient and splint to long board	1	
Total:	13	

Critical Criteria

- _____ Loss of traction at any point after it was applied
- _____ Did not reassess motor, sensory and circulatory function in the injured extremity BOTH before AND after splinting
- _____ The foot was excessively rotated or extended after splint was applied
- _____ Did not secure the ischial strap before taking traction
- _____ Final Immobilization failed to support the femur or prevent rotation of the injured leg
- _____ Secured the leg to the splint before applying mechanical traction

*****Note:** If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied. If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination

Patient Assessment/Management - Trauma

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Scenario Number _____

Evaluator's Name: _____

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses AND controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients/makes transport decision		1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT			
Selects appropriate assessment (<i>focused or rapid assessment</i>)		1	
Obtains, or directs assistance to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
DETAILED PHYSICAL EXAMINATION			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia a/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
1 point for appropriate management of the secondary injury/wound			
Verbalizes re-assessment of the vital signs		1	

Critical Criteria

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not determine scene safety
- _____ Did not initially consider and / or provide stabilization of spine
- _____ Administered a dangerous or inappropriate intervention
- _____ Did not provide high flow oxygen with appropriate mask
- _____ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- _____ Did not differentiate patient's need for transportation versus continued assessment at the scene
- _____ Did focused history / physical examination before assessing the airway, breathing and circulation
- _____ Did not transport patient within (10) minute time limit

Total:

40

05/2008

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
AIRWAY, OXYGEN AND VENTILATION SKILLS
UPPER AIRWAY ADJUNCTS AND SUCTION

Start Time:_____

Stop Time:_____ **Date:** _____

Candidate's Name:_____

Evaluator's Name:_____

OROPHARYNGEAL AIRWAY

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Selects appropriately sized airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<i>Note: The examiner must advise the candidate that the patient is gagging and becoming conscious</i>		
Removes the oropharyngeal airway	1	

SUCTION

<i>Note: The examiner must advise the candidate to suction the patient's airway</i>		
Turns on / prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts the suction tip without suction	1	
Applies suction to the oropharynx / nasopharynx	1	

NASOPHARYNGEAL AIRWAY

<i>Note: The examiner must advise the candidate to insert a nasopharyngeal airway</i>		
Selects appropriately sized airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
Total:	13	

Critical Criteria

_____ Did not demonstrate an acceptable suction technique

_____ Inserted any adjunct in a manner dangerous to the patient

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
BLEEDING CONTROL/SHOCK MANAGEMENT

Start Time:_____

Stop Time:_____ **Date:** _____

Candidate's Name:_____

Evaluator's Name:_____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<i>Note: The examiner must now inform the candidate that the wound continues to bleed.</i>		
Applies an additional dressing to the wound	1	
<i>Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</i>		
Locates and applies pressure to appropriate arterial pressure point	1	
<i>Note: The examiner must now inform the candidate that the bleeding is controlled</i>		
Bandages the wound	1	
<i>Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion</i>		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Total:	10	

Critical Criteria

_____ Did not apply high flow oxygen with appropriate mask

_____ Applied a tourniquet before attempting other methods of bleeding control

_____ Did not control hemorrhage in a timely manner

_____ Did not indicate a need for immediate transportation

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
IMMOBILIZATION SKILLS
(JOINT INJURY)

Start Time: _____

Stop Time: _____ **Date:** _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Directs application of manual stabilization of the injured joint	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal."</i>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal."</i>		
Total:	8	

Critical Criteria

_____ Did not support the joint so that the joint did not bear distal weight

_____ Did not immobilize the bone above and below the injured site

_____ Did not reassess motor, sensory and circulatory function in the injured extremity BOTH BEFORE AND AFTER splinting

<p>You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.</p>
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Indiana EMT-Basic Practical Skills Examination
IMMOBILIZATION SKILLS
(LONG BONE INJURY)

Start Time:_____

Stop Time:_____ **Date:** _____

Candidate's Name:_____

Evaluator's Name:_____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
Total:	10	

Critical Criteria

_____ Grossly moves the injured extremity

_____ Did not immobilize the joint above and the joint below the injury site

_____ Did not reassess motor, sensory and circulatory function in the injured extremity
 BOTH BEFORE AND AFTER splinting

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination

Patient Assessment/Management - Medical

Start Time: _____

Stop Time: _____

Candidate's Name: _____

Date: _____

Scenario Number: _____

Evaluator's Name: _____

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
Assesses circulation	Assesses AND controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients/makes transport decision		1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT			
Signs and symptoms (Candidates asked _____ pertinent questions about patients chief complaint, see evaluators instructions)		1	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics	
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?
*Substance? *When did you ingest/ become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?	*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?	
Allergies		1	
Medications		1	
Past pertinent history		1	
Last oral intake		1	
Event leading to present illness (rule out trauma)		1	
Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)		1	
Vitals (obtains baseline vital signs)		1	
Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)		1	
Transport (re-evaluates the transport decision)		1	
Verbalizes the consideration for completing a detailed physical examination		1	
ONGOING ASSESSMENT (verbalized)			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Critical Criteria		Total:	30

- _____ Did not take, or verbalize, body substance isolation precautions when necessary
- _____ Did not determine scene safety
- _____ If scenario indicated need, did not obtain / follow medical direction or verbalize standing orders / protocols for medical interventions (s)
- _____ Did not provide high flow oxygen with appropriate mask
- _____ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- _____ Did not differentiate patient's need for transportation versus continued assessment at the scene
- _____ Did focused history / physical examination before assessing the airway, breathing and circulation
- _____ Did not ask any questions about the present illness
- _____ Administered a dangerous or inappropriate intervention

05/2008

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Start Time:_____

Stop Time:_____ **Date:** _____

Candidate's Name:_____

Evaluator's Name:_____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Connects one-way valve to mask	1	
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient with visible chest rise and fall (observes rate of 10-20 breaths per minute)	1	
Connects the mask to high concentration of oxygen	1	
Adjusts flow rate to at least 15 liters per minute	1	
Continues ventilation of the patient with visible chest rise and fall (observes rate of 10-20 breath per minute)	1	
<i>Note: The examiner must witness ventilations for at least 30 seconds</i>		
Total:	8	

Critical Criteria

_____ Did not correctly connect one-way valve to mask

_____ Did not adjust liter flow to at least 15 liters per minute

_____ Did not produce visible chest rise and fall with ventilations
(more than 2 inadequate ventilations per minute)

_____ Did not ventilate the patient at a rate a 10-20 breaths per minute

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
Non-visualized Airway Device

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued BSI precautions	1	
Opens the airway manually	1	
Inserts simple adjunct (<i>either oropharyngeal or nasopharyngeal airway</i>)	1	
Ventilates patient at a rate of 10-12 per minute with visible chest rise and fall	1	
<i>Note: Examiner now informs the candidate that ventilation is being performed without difficulty.</i>		
Attaches oxygen to reservoir to bag-valve-mask device and connects to high flow oxygen to regulator (<i>15 liters per minute</i>)	1	
<i>Note: Examiner now informs the candidate to insert a non-visualized airway.</i>		
Directs assistant to pre-oxygenate patient at a rate of 10-20 per minute	1	
Checks / prepares airway device	1	
Lubricates distal tip of device	1	
Positions the head properly	1	
Performs a tongue-jaw lift	1	
Inserts device in accordance with manufacturer's instructions	1	
Adequately inflates cuff(s), removes syringe(s)	1	
Attaches / directs attachment of BVM to the device and ventilates	1	
Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium	1	
<i>Note: Must correct / adjust the device as needed to assure adequate rise and fall of the chest and not gastric ventilations</i>		
Secures device or confirms that the device remains properly secured Total:	1	
	15	

Critical Criteria

- _____ Failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds
- _____ Failure to voice and ultimately provide high flow / concentration of oxygen
- _____ Failure to ventilate patient at rate of at least 10 per minute
- _____ Failure to produce visible chest rise and fall
- _____ Failure to pre-oxygenate (10-20 breaths / minute) patient prior to placement of the non-visualized airway device
- _____ Failure to insert the non-visualized airway device properly within 3 attempts
- _____ Failure to inflate cuff(s) properly, MUST remove syringes for cuff(s) to remain inflated
- _____ Failure to confirm that the patient is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- _____ Inserted any adjunct in a manner that was dangerous to the patient

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Indiana EMT-Basic Practical Skills Examination
OXYGEN ADMINISTRATION

Start Time: _____

Stop Time: _____ **Date:** _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Demonstrates / verbalizes initial or continued BSI precautions	1	
Assembles the regulator to the tank	1	
Opens the tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches non-rebreather mask to oxygen	1	
Prefills reservoir	1	
Adjusts flow rate to fifteen (15) liters per minute or greater	1	
Applies and adjusts the mask to the patient's face	1	
<i>Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask, you should apply a nasal cannula to the patient.</i>		
Attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient	1	
<i>Note: The examiner must advise the candidate to discontinue oxygen therapy</i>		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
Total:	15	

Critical Criteria

_____ Did not assemble the tank and regulator without leaks

_____ Did not prefill the reservoir bag

_____ Did not adjust the device to the correct flow rate for the non-rebreather mask
(15 liters per minute or greater)

_____ Did not adjust the device to the correct flow rate for the nasal cannula
(6 liters per minute or less)

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.